U.S. Department of Labor 1986 Office of Labor-Management Standards
Washington, DC 20210

For Official Use Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

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Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U -	2. Fiscal Year Covered From:	
	1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Jeffrey A Caputa	Name Cement Masons Union Local #527	
	Labor Organization File Number 011-759	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 655 Lilac	Street 3341 Hollenberg Drive	
City Florissant	City Bridgeton	
State Missouri ZIP Code + 4 63031	State Missouri ZIP Code + 4 63044	
5. Position in labor organization. Trustee		
remark 2 Super		
Enter appropriate data below If, during the past fiscal year, you or your spo (except as specified in the exclu	ise or minor child directly or indirectly had any of the following interests sions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name N/A	N / A	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
	7.b. Amount.	
P.O. Box, Bldg., Room No., if any Street	7.b. Amount.	
	7.b. Amount.	
Street		
Street City		
Street City State State ZIP Code + 4	sture Perjury and other applicable penalties of the law, that all of the information and documents) has been examined by the signatory and is, to the best of the	
Street City State ZIP Code + 4 Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	sture Perjury and other applicable penalties of the law, that all of the information and documents) has been examined by the signatory and is, to the boot of the	
State ZIP Code + 4 Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the second	Perjury and other applicable penalties of the law, that all of the information and documents), has been examined by the signatory and is, to the best of the tion on penalties in the instructions.)	

Name of Person Filing Jeffrey Caputa	File Number U -	
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active. (2) any part of which consists of buying from or selling or leasing directly or included ling with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name N / A Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name N / A Trade Name, if any: P.O. Box, Bldg., Room No., if any	N / A	
Street	11.b. Approximate dollar value of such dealing.	\$0
		V0000000000000000000000000000000000000
City	12.a. Nature of interest held or income receive	ed.
State ZIP Code + 4 Transaction of the Administration of the Admini	12.a. Nature of interest held or income receiv	ed.
	N / A 12.b. Amount. r parts A and B above)	\$0
State ZIP Code + 4	N / A 12.b. Amount. r parts A and B above)	
State ZIP Code + 4	N / A 12.b. Amount. r parts A and B above) or other thing of value. 14.a. Nature of payment.	
State ZIP Code + 4	N / A 12.b. Amount. r parts A and B above) or other thing of value. 14.a. Nature of payment. 6/5/2004	
State ZIP Code + 4	N / A 12.b. Amount. r parts A and B above) or other thing of value. 14.a. Nature of payment.	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name The Commerce Trust Company	N / A 12.b. Amount. r parts A and B above) or other thing of value. 14.a. Nature of payment. 6/5/2004	
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